



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF CHILD CARE
FACILITY DIRECTOR WORK EXPERIENCE

Send to: Bureau of Child Care
Director Certification
PO Box 570
Jefferson City, MO 65102

This form documents a candidate's child care work experience to meet requirements for director certification.

INSTRUCTIONS

Director Candidate

Ask current and/or former child care employer(s) to complete this form and return it to the address above.

Employer

Please complete form and return it to the address above. Experience must be for salary or hourly pay. Please indicate if experience is full or part time.

NAME OF EMPLOYEE		SS# _____ / _____ / _____
NAME OF EMPLOYER		TYPE OF AGENCY
EMPLOYER ADDRESS (City, State, Zip Code)		
EMPLOYEE JOB TITLE		
DATE(S) OF EMPLOYMENT		From _____ To _____ From _____ To _____
# HOURS PER WEEK	# MONTHS PER YEAR	PART-TIME: <input type="checkbox"/> YES <input type="checkbox"/> NO FULL TIME: <input type="checkbox"/> YES <input type="checkbox"/> NO (35 HOURS OR MORE PER WEEK)
EMPLOYEE'S JOB DUTIES		
NAME AND WORK TITLE OF SUPERVISOR (Please print.)		
(Name) _____		(Work Title) _____
Signature of Individual Completing This Form ►		Date
Print name of signature above.		